| In re Kennet | h Roy Ball Debtor(s) | According to the calculations required by this statement: The applicable commitment period is 3 years. |
|--------------|------------------------|--|
| Case Number: | 14-16898 (If known) | ☐ The applicable commitment period is 5 years. |
| | , | ☐ Disposable income is determined under § 1325(b)(3). ☐ Disposable income is not determined under § 1325(b)(3). (Check the boyes as directed in Lines 17 and 23 of this statement) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | | Par | t I. | REPORT OF IN | CO | ME | | | | | |
|---|---|---|------|----------------------|------|----------------|--------------------|----------|--------------|----|--------------------|
| | Marit | tal/filing status. Check the box that applies a | nd c | complete the balance | ce o | of this | part of this state | ment | as directed. | | |
| 1 | a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. | | | | | | | | | | |
| | b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. | | | | | | | | | | |
| | | gures must reflect average monthly income rec | | | | | | | Column A | | Column B |
| | | dar months prior to filing the bankruptcy case | | | | | | | | | |
| | | ling. If the amount of monthly income varied | | | , yo | ou mus | t divide the | Debtor's | | | Spouse's Income |
| | six-m | onth total by six, and enter the result on the ap | ppro | opriate line. | | | | | Income | | income |
| 2 | Gross | s wages, salary, tips, bonuses, overtime, con | ımi | ssions. | | | | \$ | 4,050.69 | \$ | |
| 3 | Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV. | | | | | | | | | | |
| ĺ | | Gross receipts | \$ | Debtor 0.00 | ¢ | , | Spouse | | | | |
| | a. b. | Ordinary and necessary business expenses | \$ | 0.00 | | | | | | | |
| | c. | Business income | | btract Line b from | | ne a | | \$ | 0.00 | \$ | |
| 4 | | propriate column(s) of Line 4. Do not enter a of the operating expenses entered on Line b Gross receipts | as : | Debtor 0.00 | rt I | IV. | Spouse | | | | |
| | b. | Ordinary and necessary operating expenses | \$ | 0.00 | | | | | | _ | |
| | c. | Rent and other real property income | Sı | ubtract Line b from | ı Li | ine a | | \$ | 0.00 | \$ | |
| 5 | Intere | est, dividends, and royalties. | | | | | | \$ | 0.00 | \$ | |
| 6 | Pension and retirement income. | | | | | | \$ | 0.00 | \$ | | |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | | | | | \$ | 224.99 | \$ | | | |
| 8 | Unemployment compensation claimed to | | | | | r spouse was a | | | | | |
| | be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ | | | | | | | \$ | 0.00 | \$ | |

| • | | | | | | _ | |
|----|---|---|---|--|--|------|-----------|
| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | | | | | |
| | | Debtor | Spouse | | | | |
| | a. | | \$ \$ | | \$ 0.0 | 0 \$ | |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if C in Column B. Enter the total(s). | Column B is complete | | ough 9 | \$ 4,275.6 | | |
| 11 | Total. If Column B has been completed, add Line 1 the total. If Column B has not been completed, enter | | | | \$ | | 4,275.68 |
| | Part II. CALCULATION | OF § 1325(b)(4) | COMMITM | ENT P | ERIOD | | |
| 12 | Enter the amount from Line 11 | | | | | \$ | 4,275.68 |
| 13 | Marital Adjustment. If you are married, but are no calculation of the commitment period under § 1325 enter on Line 13 the amount of the income listed in the household expenses of you or your dependents a income (such as payment of the spouse's tax liability debtor's dependents) and the amount of income devo on a separate page. If the conditions for entering the b. | (b)(4) does not require Line 10, Column B to and specify, in the line yor the spouse's supported to each purpose. | re inclusion of the that was NOT paid es below, the basis port of persons othe If necessary, list | income of on a reg on a reg of for excler than the | of your spouse, ular basis for luding this ne debtor or the | | |
| | Total and enter on Line 13 | ĮΨ | | | | \$ | 0.00 |
| 14 | Subtract Line 13 from Line 12 and enter the resu | | \$ | 4,275.68 | | | |
| 15 | Annualized current monthly income for § 1325(b enter the result. | number 12 and | \$ | 51,308.16 | | | |
| | Applicable median family income. Enter the median family income for applicable state and household size. (This | | | | | | 51,306.10 |
| 16 | information is available by family size at www.usdo | | | | | | |
| | a. Enter debtor's state of residence: WA | b. Enter deb | tor's household siz | ze: | 2 | \$ | 64,338.00 |
| 17 | Application of § 1325(b)(4). Check the applicable □ The amount on Line 15 is less than the amount top of page 1 of this statement and continue witl □ The amount on Line 15 is not less than the amount the top of page 1 of this statement and continue to the top of the top of the top of page 1 of this statement and continue to the top of the top | t on Line 16. Check this statement. ount on Line 16. Ch | the box for "The a | | | | - |
| | Part III. APPLICATION OF § 13: | 25(b)(3) FOR DETE | ERMINING DISP | OSABL | E INCOME | | |
| 18 | Enter the amount from Line 11. | | | | | \$ | 4,275.68 |
| 19 | Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. A | | | | | | |
| | c. | \$ | | | | | |
| | Total and enter on Line 19. | | | | | \$ | 0.00 |
| 20 | Current monthly income for § 1325(b)(3). Subtract | ct Line 19 from Line | 18 and enter the re | sult. | | \$ | 4,275.68 |
| | | | | | | | |

| 21 | Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and | | | | | | 0 by the number 12 and | |
|--|--|---|---|----------------------------------|--|--|--|-----------------|
| 21 | enter the result. | | | | | | | \$ 51,308.16 |
| 22 | Applicable median family income. Enter the amount from Line 16. | | | | | | | \$ 64,338.00 |
| 23 | Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is deter 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. | | | | | | this statement. | |
| | | e amount on Line 21 is not 25(b)(3)" at the top of page | | | | | | |
| | | Part IV. Ca | ALCULATION (|)F I | DEDUC | CTIONS FRO | OM INCOME | |
| | | Subpart A: D | eductions under Star | ndar | ds of the | Internal Reve | nue Service (IRS) | |
| 24A | Enter in applica bankruj | al Standards: food, appar n Line 24A the "Total" amo ble number of persons. (T ptcy court.) The applicable r federal income tax return. | ount from IRS National his information is availa number of persons is the | Standable at number 1 | ards for A www.usonber that | Allowable Living doj.gov/ust/ or frow would currently be a second to the contract of the contr | Expenses for the om the clerk of the e allowed as exemptions | \$ |
| National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. | | | | | onal Standards for able at cable number of persons o are 65 years of age or ory that would currently ional dependents whom and enter the result in and enter the result in Line | | | |
| | Persons under 65 years of age | | | Persons 65 years of age or older | | | | |
| | a1. | Allowance per person | | a2. | Allowan | nce per person | | |
| | b1. | Number of persons | | b2. | Number | of persons | | |
| | c1. | Subtotal | | c2. | Subtotal | [| | \$ |
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | | nis information is e family size consists of | \$ |
| 25B | not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rent expense \$ b. Average Monthly Payment for any debts secured by your | | | | | his information is family size consists of arn, plus the number of onthly Payments for any | | |
| | | home, if any, as stated in L Net mortgage/rental expens | | | | Subtract Line b fr | om Line a. | \$ |
| 26 | Local S 25B do Standar | Standards: housing and uses not accurately computerds, enter any additional antion in the space below: | tilities; adjustment. If the allowance to which | you a | ontend th | at the process set I under the IRS H | out in Lines 25A and lousing and Utilities | \$ |

| | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | | | | |
|-----|---|--|----|--|--|--|
| 27A | Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7. \square 0 | | | | | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ | \$ | | | | |
| 27B | Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. | | | | | |
| 28 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero. | court); enter in Line b the total of the Average | | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | | | | |
| | b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ | | | | |
| | c. Net ownership/lease expense for Vehicle 1 Local Standards: transportation ownership/lease expense; Vehicle | Subtract Line b from Line a. | \$ | | | |
| 29 | | | | | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | | | | |
| | Average Monthly Payment for any debts secured by Vehicle2, as stated in Line 47 | \$ | | | | |
| | c. Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a. | \$ | | | |
| 30 | Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale | come taxes, self employment taxes, social | \$ | | | |
| 31 | Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu | retirement contributions, union dues, and | • | | | |
| | Other Necessary Expenses: life insurance. Enter total average mon | <u> </u> | \$ | | | |
| 32 | life insurance for yourself. Do not include premiums for insurance any other form of insurance. | | \$ | | | |
| 33 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49. | | | | | |
| 34 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter | | | | | |
| 35 | Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do | | \$ | | | |
| 36 | Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts | \$ | | | | |

| 37 | Other Necessary Expenses: telecommunical actually pay for telecommunication services pagers, call waiting, caller id, special long diswelfare or that of your dependents. Do not it | \$ | | | | |
|----|--|--|----|--|--|--|
| 38 | Total Expenses Allowed under IRS Standa | ards. Enter the total of Lines 24 through 37. | \$ | | | |
| | Subpart B | : Additional Living Expense Deductions | | | | |
| | <u>-</u> | le any expenses that you have listed in Lines 24-37 | | | | |
| | | nd Health Savings Account Expenses. List the monthly expenses in are reasonably necessary for yourself, your spouse, or your | | | | |
| 39 | a. Health Insurance | \$ | | | | |
| | b. Disability Insurance | \$ | | | | |
| | c. Health Savings Account | \$ | | | | |
| | Total and enter on Line 39 | | \$ | | | |
| | If you do not actually expend this total ambelow: \$ | nount, state your actual total average monthly expenditures in the space | | | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | | | | |
| 41 | 41 Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or othe applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local | | | | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary | | | | | |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | | | |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | | | | |
| 46 | Total Additional Expense Deductions und | er § 707(b). Enter the total of Lines 39 through 45. | \$ | | | |

| | | Subpart C: Deductions for De | bt Payment | | | | | |
|----|---|--|---------------------|-----------------|----|--|--|--|
| 47 | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. | | | | | | | |
| | Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance | | | | | | | |
| | a. | | \$ Total: Add Lines | □yes □no | \$ | | | |
| 48 | Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in | | | | | | | |
| 49 | not include current obligations, su | ny claims, for which you were liable at the chast hose set out in Line 33. Es. Multiply the amount in Line a by the | - | | \$ | | | |
| 50 | a. Projected average monthly Chapter 13 plan payment. \$ | | | | | | | |
| 51 | Total Deductions for Debt Paymer | t. Enter the total of Lines 47 through 5 | 0. | | \$ | | | |
| | | Subpart D: Total Deductions f | rom Income | | | | | |
| 52 | Total of all deductions from incom | e. Enter the total of Lines 38, 46, and 5 | 1. | | \$ | | | |
| | Part V. DETERM | NATION OF DISPOSABLE I | NCOME UND | ER § 1325(b)(2) |) | | | |
| 53 | 53 Total current monthly income. Enter the amount from Line 20. | | | | | | | |
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. \$\$ | | | | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from | | | | | | | |
| 56 | Total of all deductions allowed und | der § 707(b)(2). Enter the amount from | Line 52. | | \$ | | | |

| | Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumsta. If necessary, list additional entries on a separate page. Total the provide your case trustee with documentation of these expense of the special circumstances that make such expense necessary. | ances and the resulting expenses in lines a-c below. e expenses and enter the total in Line 57. You must uses and you must provide a detailed explanation | | | | | |
|---|--|---|--|--|--|--|--|
| 57 | Nature of special circumstances | Amount of Expense | | | | | |
| | a. | \$ | | | | | |
| | b. | \$ | | | | | |
| | c. | \$ | | | | | |
| | | Total: Add Lines \$ | | | | | |
| 58 | Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result. | | | | | | |
| 59 | Monthly Disposable Income Under § 1325(b)(2). Subtract Li | ine 58 from Line 53 and enter the result. | | | | | |
| | Port VI ADDITIONA | AL EXPENSE CLAIMS | | | | | |
| Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the heal of you and your family and that you contend should be an additional deduction from your current monthly income under 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average mont each item. Total the expenses. | | | | | | | |
| 60 | Expense Description | Monthly Amount | | | | | |
| 00 | a. | \$ | | | | | |
| | b. | \$ | | | | | |
| | c. | \$ | | | | | |
| | d. | \$ | | | | | |
| | Total: Add Lines | s a, b, c and d \$ | | | | | |
| | Part VII. VE | CRIFICATION | | | | | |
| | I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint | | | | | | |
| 61 | must sign.) Date: September 23, 2014 | Signature: /s/ Kenneth Roy Ball | | | | | |
| Ü. | | Kenneth Roy Ball | | | | | |
| | | (Debtor) | | | | | |

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 03/01/2014 to 08/31/2014.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **NWFEM**

Year-to-Date Income:

Starting Year-to-Date Income: \$9,206.52 from check dated 2/28/2014. Ending Year-to-Date Income: \$33,510.63 from check dated 8/31/2014.

Income for six-month period (Ending-Starting): \$24,304.11 .

Average Monthly Income: \$4,050.69.

Line 7 & 54 - Child support income (including foster care and disability)

Source of Income: **child support received** Constant income of **\$224.99** per month.